

FORM PTO-1083  
MAIL STOP: AF  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22314-1450



Docket No.: 200.1079CON  
Date: October 26, 2006

In re application of: Ronald M. BURCH, et al.  
Serial No.: 10/033,055  
Filed: December 27, 2001  
For: ANALGESIC COMBINATION OF OXYCODONE AND CELECOXIB

Sir:  
Transmitted herewith is a **Response** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
FOR:	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus	=	0	x \$	9		x \$	18
INDEP. CLAIMS	Minus	=	0	x \$	42		x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$180		+	\$360

TOTAL: \$ OR TOTAL: \$360.00

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:  
☐ Petition for three (3) month extension under 37 C.F.R. 1.136  
☒ Other: Exhibit A (copy of U.S. Patent No. 4,464,376)
- ☐ Check(s) in the amount of \$0.00 is/are attached to cover:  
☐ Filing fee for multiple dependent claim  
☐ Petition for three (3) month extension under 37 C.F.R. 1.136  
☐ Other:
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Mail Stop: AF; Commissioner for Patents, Alexandria, VA 22314-1450" on October 26, 2006

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:

Akil Chevalier



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No.: 10/033,055  
Applicant: Ronald M. Burch, et al.  
Filed: December 27, 2001  
Art Unit: 1639  
Examiner: Sue Xu LIU  
For: Analgesic Combination of Oxycodone and Celecoxib  
Docket No.: 200.1079CON

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 26, 2006

**Amendment**

Sir:

In response to the Final Office Action of July 28, 2006, please reconsider the above-identified patent application based on the following remarks:

**Amendments to the Specification** begin on page 2 of this document.

**Amendments to the Claims** are reflected in the Listing of the Claims which begins on page 3 of this document.

**Remarks/Arguments** begin on page 6 of this document.

10/31/2006 AWONDAF1 00000049 500552 10033055

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